

United States House of Representatives
Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education and
Related Agencies

April 20, 2004
10:00 AM

Testimony of:

Richard S. Weisman, Pharm.D., ABAT

Representing:

American Association of Poison Control Centers

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Biography: Dr. Richard Weisman is the Director of the Florida Poison Information Center – Miami and a Research Associate Professor of Pediatrics at the University of Miami School of Medicine and Jackson Memorial Medical Center. Dr. Weisman is a Diplomat of the American Board of Applied Toxicology and a Fellow of the American Academy of Clinical Toxicology. Dr. Weisman is the Director of Government Affairs and a Past-President of the American Association of Poison Control Centers. Dr. Weisman is a member of the Board of Directors of The Children's Home Society, and the Florida Disaster Medical Assistance Team (FL-5), National Disaster Medical Services and the American Association of Poison Control Centers.

Federal Grants:

CFDA: 93-253-01 Poison Center Stabilization & Enhancement, 2001 \$261,491.00

CFDA: 93-253-02 Poison Center Stabilization & Enhancement, 2002 \$280,169.00

CFDA: 93-253-03 Poison Center Stabilization & Enhancement, 2003 \$298,847.00

Executive Summary

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- Poisoning is the third most common form of unintentional death in the United States. In any given year, there will be between two and four million poison exposures.
- Each year, poisoning accounts for 285,000 hospitalizations, 1.2 million days of acute hospital care, and 13,000 fatalities. The total direct cost for medical care and rehabilitation associated with poisoning exceed \$3 billion annually.
- Poison control centers are our nation's primary defense against injury and deaths from poisoning. Twenty-four hours a day, the general public as well as health care practitioners contact their local poison centers for help in diagnosing and treating victims of poisoning.
- The tragic events of September 11th and the anthrax cases of October have dramatically changed our nation. During this time period, poison centers in many areas of the country were answering thousands of additional calls from concerned residents.
- In 2003 alone, our nation's poison centers were consulted by more than 2 million U.S. residents who were victims of a poisoning exposure. Most often these calls were from a mom, a dad, or another child-care provider.
- Despite their success, poison centers struggle to exist. Most centers are funded by a fragile patchwork of state, local, and private monies. Since centers do not generate revenue, they have become easy targets when sponsoring hospitals and state legislatures trim their budgets.
- Public Law 108-194, the "Poison Control Center Enhancement and Awareness Act Amendments of 2003," became law on December 19, 2003, to respond to this crisis and take advantage of network telecommunications and data technology improvements to develop a nationwide response system. It authorizes an annual appropriation of \$30.1 million to stabilize poison centers and encourages the enhancement and improvement of poison education, prevention and treatment services as well as the Center's core communication and information infrastructure.
- Providing the full appropriation of \$30.1 million for P.L. 108-194 the Poison Control Center Enhancement and Awareness Act for fiscal year 2005 is an extraordinary investment in the health of our nation with an immediate return in lives as well as precious United States healthcare dollars saved.

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Richard S. Weisman, Pharm.D., ABAT

Mr. Chairman and Members of the Subcommittee: My name is Dr. Richard S. Weisman. I am a member of the Board of Directors of the American Association of Poison Control Centers, as well as an Associate Professor of Pediatrics at the University of Miami, School of Medicine and the Director of the Florida Poison Information Center in Miami.

Poisoning is the third most common form of unintentional death in the United States. In any given year, there will be between two and four million poison exposures. Sixty percent of these exposures will involve children under the age of 6 who are exposed to toxins in their home. However, the fastest growing age group is America's senior citizens. Poison Centers are now frequently called when confusion with medication schedules occurs or when questions arise about drug interactions with food, drink or other medications.

Each year, poisoning accounts for 285,000 hospitalizations, 1.2 million days of acute hospital care, and 13,000 fatalities. The total direct cost for medical care and rehabilitation associated with poisoning exceed \$3 billion annually.

Poison control centers are our nation's primary defense against injury and deaths from poisoning. Twenty-four hours a day, the general public as well as health care practitioners contact their local poison centers for help in diagnosing and treating victims of poisoning. These poisonings involve everything from aspirin overdoses and food poisonings, to snake bites. With correct diagnosis and treatment, medical outcomes are improved and fatalities drastically reduced. Rapid assessment and treatment translate into countless lives saved. When it comes to funding Poison Control Centers to respond to poisoning emergencies, there is no question that an ounce of prevention is worth a pound of cure: Poison Control Centers are extremely cost effective. .

The tragic events of September 11th and the anthrax cases of October have dramatically changed our nation. During this time period, poison centers in many areas of the country were answering thousands of additional calls from concerned residents. Many poison centers were relied upon as a source for accurate medical information about the disease and the complications resulting from prophylactic antibiotic therapy. The 2001 Presidential Task Force on Citizen Preparedness in the War on Terrorism recommended "that the Poison Control Centers be used as a source of public information and public education." "The increased demand placed upon poison centers to provide emergency information in the event of a terrorist event involving a biological, chemical or nuclear toxin will dramatically increase call volume."

In 2003, the Department of Health and Human Services, Health Resources and Services Administration, contracted with Battelle, Centers for Public Health Research and Evaluation to perform an “Evaluation of the Effectiveness of the Poison Control Centers Grant Program”. Among their conclusions that were published in March 2004, were the following:

“The financial stabilization grants provide the minimum needed to maintain the integrity of poison center operations in the face of dwindling resources from other sources. Recipients of these grants, welcomed the funds and were able to use them efficiently to consolidate their operations, restore services that had been eliminated or curtailed, and stave off closure.”

“Technology investments proved to be one of the wisest places for a poison center to invest limited grant funds. These are one-time investments from which major benefits can be reaped in terms of cost savings and improved efficiency. Poison center grantees definitely made significant strides during the first two years of the grant in terms of updating outmoded equipment, ordering current information resources, and purchasing new technology to support their operations.”

“In the long run, secure consistent, ongoing federal funding for poison control through institutionalizing the current grant program, for example, or establishing set-asides in the Maternal and Child Health or Prevention Block Grants [will be necessary]. Poison center operations are labor- and technology-intensive. Without continuing financial support, poison centers cannot be expected to maintain the high standards necessary to handle the life-and-death situations center staff face on a daily basis.”

In 2003 alone, our nation’s poison centers were consulted by nearly 2.4 million U.S. residents who were victims of a poisoning exposure. Most often these calls were from a mom, a dad, or another child-care provider. With poison center assistance, more than 70% of these cases were managed safely at home. Since a call to the poison center is much less expensive than a trip to the emergency department, this results in dramatic cost savings to health care systems and taxpayers. A 1995 study by the Department of Health and Human Services, published in the peer-reviewed journal *Annals of Emergency Medicine*, showed poison centers reduced such medical spending by up to \$400 million annually. It determined that for every dollar spent on poison control centers at least \$7 in medical costs are saved. But the cost savings from poison control centers could be even greater.

Poison Control Centers also provide two critical elements—toxic and chemical identification and technical information response—in this nation’s developing bioterrorism response network. Indeed, the Bioterrorism Act specifically cited that poison control centers should be a key part of statewide bioterrorism and community emergency response planning.

Despite their success, poison centers struggle to exist. Most centers are funded by a fragile patchwork of state, local, and private monies. Since centers do not generate revenue, they have become easy targets when sponsoring hospitals and state legislatures trim their budgets. The result is more catastrophic than such well-intentioned administrators and lawmakers can imagine. The cost of poisoning emergencies increases up to five-fold and is shifted onto the public sector as was graphically experienced in Louisiana in the early 1990s. Moreover, the medical community loses a training environment. Parent education programs, which help prevent unintentional poisonings in the first place, suffer. Budget cuts reduce poison center manpower and the volume of calls exceeds the already overtaxed poison centers. A child's chance of surviving a poisoning is reduced. I would be willing to share with you specific examples of these very difficult situations.

Public Law 108-194, the "Poison Control Center Enhancement and Awareness Act," became law on December 19, 2003, to respond to this crisis and take advantage of network telecommunications and data technology improvements to develop a nationwide response system. It authorizes an annual appropriation of \$30.1 million to stabilize poison centers and encourages the enhancement and improvement of poison education, prevention and treatment services as well as the Center's core communication and information infrastructure.

In the FY 2004 Omnibus Appropriation, Congress appropriated \$23,696,000 for our nation's poison centers. All fifty States, U.S. Territories and the District of Columbia received direct benefits from these stabilization grants to provide poison center services. This funding in part was used to create a single, nationwide "800" telephone number, 800-222-1222, that can be accessed from anywhere in the United States. This number was activated as part of a national awareness campaign in January 2002. For the first time, Poison Control Center services became available to every American, 24 hours a day, 7 days each week. The grants that have been offered have included:

- (1) Financial Stabilization Grants: Forty to fifty grants, ranging from \$60,000 to \$1,600,000, were awarded in this category to enable certified Poison Control Centers or Poison Control Systems to achieve financial stability, strengthen and maintain poison prevention programs and services, and strengthen the centers as sources of recommendations for poisonings.
- (2) Certification Grants: In order to improve access to poison center services, 10-15 grants, ranging from \$50,000-\$1,600,000, were awarded to non-certified centers. These centers must demonstrate progress towards attaining certification.
- (3) Incentive Grants: Eight to ten competitive grants, at \$125,000, were awarded to encourage collaboration and systems development between centers to strengthen poison prevention and treatment alternatives. Applicants may be certified or uncertified Poison Control Centers. Centers were able to apply for grants in this category in addition to applying for a Financial Stabilization or Certification grant. This category carries a matching requirement of one non-Federal dollar for every two

Federal dollars contributed. Specific guidance regarding collaboration between Poison Control Centers and the matching requirement is supplied in the application materials for this program.

- (4) Service Access Grants: Two to four grants were awarded, at \$50,000 each, for one year only, to certified centers acting as co-applicants with uncertified Poison Control Centers or organizations responsible for the provision of poison control services in rural or geographically isolated States, for the purpose of obtaining access to certified poison control services.

In the FY 2004 budget, Congress appropriated \$23,696,000.00 for our nation's poison centers. This funding will allow poison centers in many areas of the country to continue to provide quality care for poisoning victims and to continue preparation for bioterrorism as well as handle the increased number of emergency and information calls generated by the new national toll free 800 phone number.

We have a remarkable opportunity to change history and provide for the health and safety of our children and families. As our country prepares for the possibilities of bioterrorist attacks, poison control centers and their established infrastructure of professional medical expertise and information, serve as the foundation for local, state, regional and national emergency response involving toxic substances.

Therefore, we respectfully request that you approve the full appropriation as authorized by P.L. 108-194 for America's network of poison control centers. Supporting this appropriation for poison centers will continue to improve poison center access by further enhancing the single, nationally advertised, easy to remember toll free telephone number 800-222-1222. The appropriations will allow every U.S. resident to immediately obtain quality poison center services and will save money by dramatically reducing the number of unnecessary ambulance transports and emergency department visits. For patients with significant poisonings, the appropriation will provide emergency departments with 24/7 access to the nation's most highly trained and skilled toxicologists. The result will be a reduction in injury, illness and death due to poisoning. When the diagnosis is made early, definitive therapy will be started promptly reducing the cost of hospitalizations.

Mr. Chairman, providing the full appropriation of \$30.1 million for P.L. 108-194, the Poison Control Center Enhancement and Awareness Act, for fiscal year 2005 is an extraordinary investment in the health of our nation with an immediate savings of lives and of precious healthcare dollars. We have the opportunity to turn the tide against one of the most common forms of injury in the United States -- unintentional poisoning, as well as further prepare all Americans and our communities to properly identify, understand and respond to any unplanned toxic substance accident or terroristic attack upon our citizenry. We hope that you will carefully review this important request and provide the continued funding necessary for our nation's poison control centers to meet and, wherever possible exceed, these ambitious goals for public health awareness and safety established in P.L. 108-194.

The following is a partial list of national organizations which continue to support P.L. 108-194 and this fiscal year 2005 funding request.

American Academy of Clinical Toxicology
American Academy of Pediatrics
American Association of Poison Control Centers
American College of Emergency Physicians
American College of Medical Toxicology
American Medical Association
American Society of Health System Pharmacists
Association of Maternal and Child Programs
Association of State and Territorial Health Officials
Emergency Nurses Association
National Association of Children's Hospitals and Related Institutions
National Association of Emergency Medical Technicians
National Association of State Emergency Medical Services Directors
National Conference of State Legislatures
National Safe Kids Campaign
State and Territorial Injury Prevention Directors